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ABSTRACT

The field of drug and alcohol abuse prevention is still in its infancy, but has come a long way since the first prevention approach was adopted in the late 1960's. Despite the weaknesses of past curricula and the problems still to be addressed, prevention curricula are becoming more effective as time goes on. There is much that has been learned from prevention failures, as well as from a few successful prevention programs. Programs that increase drug knowledge are quite easy to develop, programs changing attitudes toward drug use are more difficult, and programs changing drug- and alcohol-related behaviors are quite rare. Yet many of the ineffective approaches are still being utilized in today's school-based curricula. If further advancements towards reducing the use of alcohol and drug abuse problems are to be made, focus needs to be on approaches that lead to positive behavior change. Hopefully, the nation will continue to place the problems of alcohol and drug abuse by our youth in the forefront of issues, providing the support needed to continue making progress in the area of educational research and curriculum development. (ABL)

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# Preventing Alcohol & Other Drug Use Through Curricula: Where We've Been and Where We're Headed

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## Introduction

Since the drug revolution hit in the 1960s, school-based anti-drug education programs have been one of the primary strategies of the war on drugs. Even with this long-term history of education programs, the field of substance abuse prevention is still in its infancy. Most of the education we've provided in the past has failed. Nevertheless, there is much we have learned from our mistakes. A new generation of programs has been developed which have actually reduced alcohol and other drug use among students, giving us renewed hope for more success in the future.

I'd like to spend the time we have providing a brief overview of the history of school-based education programs designed to reduce the use of alcohol and other drugs, the components of effective curricula, and the challenges that still face us in our efforts to solve this devastating problem.

## Historical Review

The first prevention approach that was adopted in the late 1960's relied predominantly on providing information. Educational strategies using this approach provided students with plenty of factual information such as physiological effects of use, legal ramifications, drug identification, classification, and origin, on the assumption that users simply did not know that alcohol and other drug use was unhealthy and that this increase in knowledge would prevent students from using these substances. These programs were quit effective at increasing students' knowledge, but were less effective at influencing their attitudes and showed little influence on behavior. A classic example is the cigarette smoker who knows all the health hazards of smoking, yet doesn't choose to quit. There has even been some evidence that this type of approach may have actually increased drug use by some students. From this approach students often learned what drugs to use to achieve a desired response, how to use a drug, or just how much they could drink to avoid getting drunk. In some instances, it appeared that knowledge about drugs further reduced the often exaggerated fears many youths had about drugs. Accurate and pertinent knowledge lies at the core of prevention, but we now know that there is no causal relationship between an increase in knowledge or a change in attitudes and a change in one's behavior.

Many of these information programs relied heavily on the use of scare tactics. This approach presented exaggerated, overblown, and often inaccurate information concerning the risks of drug use. The scare-tactics approach generally showed one of three effects. First, and foremost, it impaired the credibility of the educator in the eyes of the youth who often knew, because of personal experience or advanced knowledge, that the information was inaccurate, exaggerated, or a rare occurrence. Second, what effects it did have were short-lived. Third, it tended to engender a concept of personal immunity, the belief that the effects of drug use shown would never happen to them.

In the 1970's, a second generation of prevention education programs was developed--affective approaches. Influenced by an increased knowledge of the characteristics of drug users, as well as the humanistic movement in education, preventionists posited a relationship between drug use and variables such as low self-esteem, poor decision-making skills, stress, and poor communication skills. Educators began to develop programs which remedied these etiological variables. In short, the focus was shifted from drugs to the person, and often drug information was entirely omitted in reaction to the failure of the information-only programs. Frequently the goal of the affective education was to encourage youth to make responsible decisions about drug use; thus, the objectives were often stated in terms of "responsible use," that is, if you are going to use drugs, use drugs in ways that do not interfere with social, health, or emotional functioning.

These affective programs were also found wanting. Although the programs may have changed students' attitudes about drug use and may have helped students become better at managing stress and making decisions, their level of drug use did not decrease. This was primarily due to a lack of connection between the concepts such as decision-making and drug use. Students learned the decision-making process, but it was never applied in the context of drugs. Students improved their communication skills, but never had the opportunity to practice the skills in the context for which they were being developed.

At about the same time as the influx of affective education programs, an alternative activities approach was developed. Activities were developed based on the argument that the reason adolescents used drugs was because they had no positive alternative activities that would meet the same needs as drugs such as mind expansion, personal growth, excitement, risk-taking, challenge, and relief from boredom. Alternative programs were created around youth involvement in community service, outdoor activities, athletics, and musical skill development, to cite just a few examples. These alternative programs definitely taught students wonderful skills and

developed their interest in healthful activities, but again, there was no viable connection between the alternative activities and reduction in use.

Another approach utilized in the 70's was the testimonies of addicts. Ex or recovering addicts came into the classroom or school assembly to tell their story of how they became addicted, the problems they encountered, and the difficulty of their recovery. This approach is being utilized today, more often with recovering addicts who are celebrities or athletes. Similar to the use of scare tactics, there are several problems with this approach which make it ineffective: loss of teacher credibility, personal immunity, short-term effects, inappropriate comments made by the speaker, and the belief that, even though the person took drugs, they were still able to perform and were currently leading a nice life today, especially if they are still employed by the organization for whom they worked when they were addicted. This is especially true when the speaker is a celebrity or athlete.

In the late 1970s, a third generation of more sophisticated psychosocial strategies appeared in smoking prevention programs. Evidence that these programs may have reduced use by as much as 50%-75% led to the application of this model to the third and current generation of substance abuse education programs which included both cognitive and affective components. Many of the third generation programs are being evaluated more thoroughly than in the past, using longitudinal designs. The evidence indicates a substantial improvement in efficacy. I'd like to spend some time now on the components of these effective programs.

## Components of Effective Curricula

If we were to line up all the drug abuse prevention curricula that have been effective at reducing drug use, we would be able to see several components or threads across each of them. Today's successful curricula are largely composed of components drawn from their predecessors. Although the ineffective approaches have been found wanting in themselves, they have proven to be valuable components of a more comprehensive program based on sound prevention theory. Keep in mind that each program may have had additional components to it; however, these are the components that are similar across all the effective curricular programs.

### Content of Effective Drug Prevention Curricula

All of the curricula that were effective at reducing drug use contained the following content:

*A clear no-use message.* These programs have generally abandoned the doctrine of responsible use and give a clear, unambiguous message that any use of alcohol or other drugs is unhealthy, unacceptable, and dangerous.

*Short-term, social, salient consequences of use.* In successful programs, students receive information on the short-term negative consequences of use that are important to them. Adolescents are concerned about getting bad breath, having their driver's license revoked, and getting kicked off the athletic team. These short-term, social consequences are emphasized in effective programs rather than the traditional long-term health effects.

*Clarification of normative beliefs.* Effective curricula clarify the common misperception held by most adolescents that most people their age are using dugs and think that use is acceptable.

*Stress reduction.* Students are provided with information about stress and positive ways to reduce it.

*Communication skills.* Students are given information about ways in which to communicate effectively.

*Decision-making process.* The steps required to make a difficult decision are taught.

*Influences to use drugs from peers, family, and media.* Students are taught information on the ways in which these factors influence drug use by adolescents. This information, combined with a social innoculation and refusal skills approach, has proven very effective.

*Friendship development.* Information on the importance of selecting and developing positive friendships is provided.

Learning Opportunities of Effective Drug Prevention Curricula

In addition to these common content components, the effective curricula all include at least some similar learning opportunities--activities done by the students to help them achieve the curricular objectives. These learning opportunities include decision-making, goal-setting, values identification, critical analysis and evaluation, and skill rehearsal, especially rehearsing communication skills for peer pressure resistance. In the upper elementary grades and above, when appropriate, these learning opportunities are all conducted in the context of drugs. For example, students make decisions about drug-related issues. They set goals and relate the use of drugs to the achievement of those goals. They critically analyze and evaluate information about alcohol and tobacco advertisements and practice communication skills and

stress management skills. The instructors did not just present information about the steps in the decision-making process or how to be assertive. Rather, the students also have the opportunity to practice those skills in the classroom.

Instructional Methodologies of Effective Drug Prevention Curricula

Those curricula that were effective also utilized similar instructional methodologies--strategies utilized by the teacher to teach the content or provide the learning opportunities. These methodologies include role playing, Socratic instruction, small group discussions, and little didacticism.

## Challenges for the Future

There is much we still do not know about prevention. Many issues still need to be addressed if we are to build on this foundation. Among the challenges for the future of prevention education are the following:

*Program Evaluation.* Very few programs have been evaluated at all, much less in a controlled, longitudinal study. The new strategies appear to be far more effective, but if we're going to be certain about what works, evaluation must become a critical, on-going component of prevention education.

*Collaborative Efforts.* It is increasingly clear that school programs alone will not solve the problem of alcohol and other drug use by today's youth. Thus there is growing recognition that programs must move outside the classroom and include family, community, and society as a whole.

*Adequate implementation.* One of the main reasons prevention efforts fail is that they are inadequately implemented. If we expect to be successful, we must do more than know what to teach. We need to provide teachers with adequate training, support, technical assistance, and monitoring to ensure that the curricula are implemented as intended.

*Adequate time and priority.* When we teach subjects such as math, we teach them in-depth, year after year. Even at that we do not often get the desired results. Yet, when we attempt to prevent substance use, we expect to get even more complicated results with less time, effort, and priority. If we want to achieve our goal of changed behavior by adolescents, we need to increase the time and priority given to prevention curricula.

*Programs supported by comprehensive health education.* For substance use prevention programs to be most successful, they need to be a part of a

comprehensive health education program. At the present time, largely due to funding sources, prevention programs are fragmented. Substance use prevention is currently a curriculum separate from suicide, AIDS, family life, and nutrition. These all need to be tied together to create a curriculum promoting healthy lifestyles, personal responsibility, and general wellness.

*Further research.* Despite the recent progress, a great deal of questions remain unanswered. We are finding the etiology of substance use more and more complex, making the prevention approach through education that much more difficult. Not all approaches work equally as well for all people. More careful matching of program approaches to target audiences may increase success. However, because we are only just beginning to be able to identify program features that work best with specific groups of students at risk, more research is needed in this area. Furthermore, the question of how programs can best serve these at-risk groups in the traditional classroom environment needs further study. There are also many unanswered questions about the role of peer pressure. It is unclear to what extent the high correlations consistently found between an individual's substance use and that of friends are the result of peer pressure rather than the process of mutual self-selection. Furthermore, the narrowly focused refusal skills programs such as "Just Say No" address only one risk factor and may only be effective with adolescents who are already moderately socially competent and thus initially at lower risk. Another question remains as to the extent to which all curricular programs are effective for all drugs. These are just three issues which need further research. The list could easily be expanded.

## Conclusion

The field of prevention is still in its infancy, but we have come a long way. Despite the weaknesses of past curricula and the problems still to be addressed, our prevention curricula are becoming more effective as time goes on. There is much that we've learned from our failures, as well as from a few successful prevention programs. We know that programs increasing drug knowledge are quite easy to do. Programs changing attitudes toward drug use are more difficult, and programs changing behaviors are quite rare. Yet, many of the ineffective approaches are still being utilized in today's school-based curricula. If we expect to see further advancements towards reducing the use of alcohol and other drug problems, we need to focus on the

approaches that lead to positive behavior change. Hopefully, the nation will continue to place the problems of alcohol and other drug use by our youth in the forefront of issues, providing the support needed to continue making progress in this area of educational research and curriculum development.

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